

Bulletin

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Training Seminars

[Reserve an available spot](#) for one of our open training seminars.

Modesto

Workshop/D602 - Mar. 2, 2016

Arcadia

Basic & EDI/D603 - **FULL & CLOSED**

Advanced/D604 - **FULL & CLOSED**

Webinar

Basic & EDI/D605 - Mar. 23, 2016

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist.
[Go here for more information!](#)

Wednesday, Mar. 16, 8 am - 4 pm.

Teledentistry

In the interest of increasing access to care for underserved populations, the Department of Health Care Services is permitting the use of teledentistry as an alternative modality for the provision of select dental services. On September 27, 2014, the Governor approved and Chaptered [Assembly Bill \(AB\) 1174](#), Chapter 662, which amended Section 14132.725 of the Welfare and Institutions Code. Under AB 1174, “face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teledentistry by store and forward,” enabling Medi-Cal providers to practice teledentistry, as defined as the transmission of medical information to be reviewed at a later time by a licensed dental provider at a distant site. A “distant site” is a location where a provider who provides dental services is located while providing these services via a telecommunications system. Therefore, effective July 1, 2015, enrolled Denti-Cal billing providers may submit documents for services rendered utilizing teledentistry.

Please note that allied dental professionals, such as Registered Dental Hygienists in Alternative Practice, shall not be permitted to bill for services rendered via teledentistry.

Transmission Types

Asynchronous Store and Forward

Asynchronous store and forward is the transmission of a beneficiary’s dental information from a site where a beneficiary is located at the time dental services are provided via a telecommunications system or where the asynchronous store and forward service originates (i.e. “originating site”) to a provider at a distant site, where the provider reviews the information—within 48 hours—without the beneficiary being present. An example of this would be auxiliary staff filling out periodontal charts, taking radiographs and photographs, and transporting the documentation back to a provider’s office for a dentist to review within the 48 hour timeframe. Providers may bill for store and forward transmission on or after July 1, 2015 using Current Dental Terminology (CDT) code D0999 as described below.

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A beneficiary receiving teledentistry services by store and forward may also request to have real-time communication with the distant dentist at the time of the consultation or within 30 days of the original consultation.

This concept expands the scope of practice for dental assistants and hygienists by treating patients at the originating site while a dentist or other specialist at the distant site reviews transmitted information for appropriate diagnosis and treatment. In this situation, services are rendered by the dental assistant or dental hygienist and billed to the Denti-Cal program by the provider or specialist located at the distant site.

Billing for Asynchronous Store and Forward (D0999)

As of July 1, 2015, providers will need to identify teledentistry claims using CDT code D0999 (“Unspecified diagnostic procedure, by report”) **with a date of service on or after July 1, 2015 and a fee amount of \$0.00**. The Schedule of Maximum Allowance (SMA) for D0999 used for teledentistry is \$0.00 and is **only used** to identify teledentistry procedures.

In conjunction with CDT Code D0999, enrolled Denti-Cal billing providers may bill the following CDT codes when performed via teledentistry:

- ◆ D0120: Periodic oral evaluation — established patient
- ◆ D0150: Comprehensive oral evaluation — new or established patient
- ◆ D0210: Intraoral — complete series of radiographic images
- ◆ D0220: Intraoral — periapical first radiographic image
- ◆ D0230: Intraoral — periapical each additional radiographic image
- ◆ D0240: Intraoral — occlusal radiographic image
- ◆ D0270: Bitewing — single radiographic image
- ◆ D0272: Bitewings — two radiographic images
- ◆ D0274: Bitewings — four radiographic images
- ◆ D0330: Panoramic radiographic image
- ◆ D0350: Oral/Facial photographic images

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NEED MORE INFORMATION?

Provider Enrollment Workshops



Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Thursday, Mar. 24, 2016 8:00 AM - 4:00 PM Register Now!	Embassy Suites by Hilton 211 East Huntington Drive Arcadia, CA 91006	Los Angeles County

Providers may bill for teledentistry on the same claim form as other types of procedure codes unless they are in conflict with the Denti-Cal Manual of Criteria (MOC).

If \$0.00 is received for CDT code D0999 and the procedure is **not** for teledentistry, providers must submit a Claim Inquiry Form for the claim explaining the procedure is not for teledentistry. Providers must also include any documentation and/or information as specified in the MOC for D0999. Upon submission, Denti-Cal will re-evaluate the claim and modify it to an appropriate CDT procedure code to be paid according to Denti-Cal criteria and the SMA.

Synchronous or Live Transmissions

Synchronous interaction, or live transmission, is a real-time interaction between a beneficiary and a provider located at a distant site. Live transmissions are limited to 90 minutes per beneficiary per provider, per day. Please note: Live transmissions are only to be used at the beneficiary's request and will be in effect on or after September 1, 2015.

Technology

For payment to occur, interactive audio and video telecommunications that are Health Insurance Portability and Accountability Act compliant must be used, permitting real-time communication between the distant site physician or practitioner and the beneficiary.

Billing for Synchronous or Live Transmissions (D9999)

Effective September 1, 2015, providers may use CDT Code D9999 for reimbursement of live transmission costs associated with teledentistry (D0999). When submitting a claim for reimbursement of live transmission costs, CDT Code D9999 will only be payable when CDT Code D0999 has been rendered. Please note that transmission costs associated with store and forward are not reimbursable.

For CDT code D9999, providers will be reimbursed at a rate of 24 cents per minute, up to a maximum of 90 minutes. A provider may use CDT Code D9999 once per date of service per beneficiary. Written documentation for CDT code D9999 is required and must include the number of minutes the transmission occurred.

Please note: Live transmissions are only billable at the beneficiary's request. If the live transmission cannot occur at the precise time of the beneficiary request, then a subsequent agreed upon time may be scheduled between the beneficiary and provider within a 30 day time period.

Adjudication Reason Code 101A

Adjudication Reason Code (ARC) 101A has been created for claims seeking reimbursement of live transmission costs (D9999) with no previous D0999 being rendered. ARC 101A reads as follows:

ARC 101A: Procedure D9999 documented for a live interaction associated with Teledentistry is only payable when procedure D0999 has been rendered.

For additional information on teledentistry, please visit the Denti-Cal website at: http://www.denti-cal.ca.gov/WSI/Prov.jsp?fname=teledentistry_resources or call the Provider Customer Service line at 1-800-423-0507.

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Federal and State Guidelines and Definitions

The following is a list of Federal and State guidelines and definitions:

- ◆ “Teledentistry” means the mode of delivering dental health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s dental health care while the patient is at the originating site and the health care provider is at a distant site.¹
Note: Telehealth includes synchronous interactions and asynchronous store and forward transfers.
- ◆ “Asynchronous store and forward” means the transmission of a patient’s medical information from an originating site to the health care provider at a distant site without the presence of the patient.²
Note: Photographs taken by a telecommunications system must be specific to the patient’s medical condition and adequate for furnishing or confirming a diagnosis and or treatment plan.³
- ◆ “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.⁴
Note: The Medi-Cal dental program uses the term “synchronous interaction” interchangeably with the term “live transmissions”.
- ◆ “Originating site” means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.⁵
- ◆ “Distant site” means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.⁶
- ◆ “Health care provider” means a person who is licensed under this division.⁷
- ◆ “Interactive telecommunications system” means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site health care provider.⁸
Note: Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

References

¹ Business and Professions Code Division 2, Chapter 5, Article 12, Section 2290.5 (a)(6)

² Business and Professions Code Division 2, Chapter 5, Article 12, Section 2290.5 (a)(1)

³ 42 Code of Federal Regulation (CFR), Section 410.78 Telehealth services (1)

⁴ Business and Professions Code Division 2, Chapter 5, Article 12, Section 2290.5 (a)(5)

⁵ Business and Professions Code Division 2, Chapter 5, Article 12, Section 2290.5 (a)(4)

⁶ Business and Professions Code Division 2, Chapter 5, Article 12, Section 2290.5 (a)(2)

⁷ Business and Professions Code Division 2, Chapter 5, Article 12, Section 2290.5 (a)(3)

⁸ 42 Code of Federal Regulation (CFR), Section 410.78 Telehealth services (3)

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Reminder: New Aid Codes — 2P, 2R, 2S, 2T, 2U

Five (5) new aid codes have been created pursuant to Welfare and Institutions Code section 11461.3. The purpose of the Approved Relative Caregiver Funding Option Program (ARC Program) is to make the amount paid to an approved relative caregiver for the care and supervision of a child who is under the jurisdiction of the juvenile court and who is ineligible for Aid to Families with Dependent Children-Foster Care (AFDC-FC) equal to the basic amount paid on behalf of a juvenile child who is under the jurisdiction of the juvenile and who is eligible for AFDC-FC. This is a county optional program that began January 1, 2015. Prior to the ARC Program, these children/youth would only have been eligible for CalWORKs benefits and associated Medi-Cal benefits. If a county opts into the ARC Program, the relative will receive an amount equal to the basic foster care payment and the child/youth should be transitioned into the appropriate aid code for the ARC Program. Eligible ARC program enrollees will transition from CalWORKs aid code to an ARC program aid code as of the January 2015, month of eligibility. It is important to note that beneficiaries who opt into an ARC aid code and were previously in a foster care aid code are eligible for, and should be placed in, aid code 4M or 4U when the CalWORKs benefits cease due to emancipation of the foster child from foster care.

New aid code descriptions are as follows:

Aid Code	Benefits	SOC	Program/Description
2P	Full Scope	No	ARC Program – Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18th birthday) participating in the ARC Program who do not qualify for state CalWORKs.
2R	Full Scope	No	ARC Program – Non-Minor Dependent (NMD) – Medi-Cal coverage for foster youth 18 to 21 years of age (eligibility ends on the last day of the month of their 21st birthday) participating in the ARC Program as a NMD who does not qualify for state CalWORKs.
2S	Full Scope	No	ARC Program – Federal CalWORKs – Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18th birthday) participating in the ARC Program who qualify for federal CalWORKs.
2T	Full Scope	No	ARC Program – State CalWORKs – Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18th birthday) participating in the ARC Program who qualify for state CalWORKs.
2U	Full Scope	No	ARC Program – State CalWORKs NMD – Medi-Cal coverage for foster youth 18 to 21 years of age (eligibility ends on the last day of the month of their 21st birthday) participating in the ARC Program as a NMD who qualifies for state CalWORKs.

Please refer to [Section 11461.3 of the Welfare and Institutions Code](#) for statutes and regulations governing this policy.

For questions regarding these new aid codes or any other aid codes, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507.

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Benefits Quick Reference Guide

Below is a benefits quick reference guide. For additional information please go the Denti-Cal website at:

<http://www.denti-cal.ca.gov/WSI/Default.jsp?fname=Default>

<div>  - Benefit  - Not a benefit </div>					
Beneficiaries under the age of 21 (Child)					
	Full Scope	Pregnant and 60 days postpartum	Non-Pregnant Limited Scope	Regional Center Consumers	Residing in a Facility (SNF/ICF)
Initial Exam	✓	✓	✗	✓	✓
Periodic Exam	✓	✓	✗	✓	✓
Prophylaxis	✓	✓	✗	✓	✓
Fluoride	✓	✓	✗	✓	✓
Restorative Services - Amalgams/Composites/ Pre-fabricated Crowns	✓	✓	✗	✓	✓
Laboratory Processed Crowns*	✓	✓	✗	✓	✓
Scaling and Root Planing* *	✓	✓	✗	✓	✓
Periodontal Maintenance	✗	✗	✗	✗	✓
Anterior Root Canals	✓	✓	✗	✓	✓
Posterior Root Canals	✓	✓	✗	✓	✓
Partial Dentures	✓	✓	✗	✓	✓
Full Dentures	✓	✓	✗	✓	✓
Extractions	✓	✓	✓	✓	✓
Emergency Services	✓	✓	✓	✓	✓

Exceptions:

- ◆ * Not a benefit under age 13
- ◆ * * Not a benefit under age 13. Allowable under special circumstances.

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✓ - Benefit

✗ - Not a benefit

Beneficiaries age 21 and older (Adult)					
	Full Scope	Pregnant and 60 days postpartum	Non-Pregnant Limited Scope	Regional Center Consumers	Residing in a Facility (SNF/ICF)
Initial Exam	✓	✓	✗	✓	✓
Periodic Exam	✗	✗	✗	✗	✗
Prophylaxis	✓	✓	✗	✓	✓
Fluoride	✓	✓	✗	✓	✓
Restorative Services - Amalgams/Composites/ Pre-fabricated Crowns	✓	✓	✗	✓	✓
Laboratory Processed Crowns*	✗	✓	✗	✓	✓
Scaling and Root Planing	✗	✓	✗	✓	✓
Periodontal Maintenance	✗	✗	✗	✗	✓
Anterior Root Canals	✓	✓	✗	✓	✓
Posterior Root Canals	✗	✓	✗	✓	✓
Partial Dentures	✗	✓	✗	✓	✓
Full Dentures	✓	✓	✗	✓	✓
Extractions	✓	✓	✓	✓	✓
Emergency Services	✓	✓	✓	✓	✓

Exceptions:

* Allowable under special circumstances for posterior teeth:

1. A benefit only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps and rest.
- OR**
2. When the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214). Both shall be submitted on the same TAR for prior authorization.